

# *Connecting Clients to Resources*

## **Virginia Screening, Brief Intervention and Referral to Treatment Card**

The SBIRT pocket card was developed for use as a guide during a brief alcohol or substance use intervention with patients.



SUBSTANCE USE DISORDER  
**ALLY TRAINING HUB**  
Virginia Department of Social Services

SAMHSA Behavioral Health  
Treatment Services Locator:  
[findtreatment.samhsa.gov](http://findtreatment.samhsa.gov)



SAMHSA Treatment  
Referral Helpline:  
**800-662-4357**

## What is a standard drink?

12 fl oz of  
regular beer  
or 9 fl oz of  
craft beer



about 5%  
alcohol

=

8-9 fl oz of  
malt liquor  
(shown in a  
12 oz glass)



about 7%  
alcohol

=

5 fl oz of  
table wine



about 12%  
alcohol

=

1.5 fl oz shot  
of 80-proof  
distilled spirits  
(gin, rum, tequila,  
vodka, whiskey, etc.)



40% alcohol

The percent of "pure" alcohol, expressed here as alcohol by volume (alc/vol), varies by beverage.

Image: NIH National Institute on Alcohol Abuse and Alcoholism

## Your Risk Level

### US-AUDIT

25+

16-24

7/8-15

0-6/7

Zone 4  
High Risk  
(BI+RT)

Zone 3  
Moderate Risk (BI+BT)

Zone 2  
Mild Risk (BI)

Zone 1  
No/Low Risk

### DAST

6+

3-5

1-2

0

Low Risk Drinking Limits		Healthy Men ≤ Age 65	Healthy Men Age 66+ & All Healthy Women	Pregnant Women	<b>Drugs</b> Any illicit use is considered a risk
	No more than ____ drinks per day	4	3	0	
	No more than ____ drinks per week	14	7	0	

<b>Raise the Subject (Engage)</b>	<ul style="list-style-type: none"> <li>• Hi, my name is _____ and my role here is _____.</li> <li>• I'd like to take several minutes to discuss the results of the screening questions you answered today if that's OK with you.</li> </ul>
<b>Explore Use &amp; Provide Feedback (Focus)</b>	<ul style="list-style-type: none"> <li>• Tell me a little bit about your use of [X]. What do you enjoy about using [X]. What do you enjoy less about using [X]? So on the one hand [Pros] and on the other hand [Cons].</li> <li>• Could I share some information about your screening scores? Your scores place you in a ___risk level...[provide norms] <ul style="list-style-type: none"> <li>• [Link to known consequences and personal goals]: We find that drinking 4 or more (Women) / 5 or more (Men) drinks in a few hours, drinking more than 7 (Women) / 14 (Men) drinks in a week, and/or using illicit drugs of any kind can put you at risk for social or legal problems, as well as illness and injury. It can also cause health problems like [personal health impacts] and can interfere with [personal goals].</li> </ul> </li> <li>• What do you think about that?</li> </ul>
<b>Enhance Motivation (Evoke)</b>	<ul style="list-style-type: none"> <li>• Let's talk about your interest in making a change. On a scale from 1-10, with 1 being not at all ready and 10 being completely ready, how ready are you to make any changes to your use?</li> <li>• If &gt;1, That means you're [X]% ready to make a change! Why did you choose that number and not a lower one like _____?</li> <li>• If =1, What would it take to raise that number to say a 2 or 3?</li> </ul>
<b>Negotiate Plan (Plan)</b>	<ul style="list-style-type: none"> <li>• What might you be willing to do to reduce your risk level and stay healthy and safe? What supports do you have in making this change?</li> <li>• Can I share some strategies that have helped others? [recommend referral if appropriate]</li> </ul>

1	2	3	4	5	6	7	8	9	10
Not at all ready				Somewhat ready					Extremely ready

## VA-SBIRT Screening Instrument Library

### Screening

Screening is broken down into two levels: universal screening and secondary screening. Universal screening is the process of screening all patients for a particular condition. By screening all people, we can normalize and destigmatize discussions about substance use and catch the approximately 90 percent of substance use disorders that go unrecognized and untreated.

Because we know that approximately 75% of the adult population will have a negative screening score indicating low/no risk, it is advantageous to provide a simple universal screen. Once those individuals with low/no risk are ruled out, the focus can shift to the remaining 25% who are likely at risk for a psychosocial or health care problem related to their substance use choices.



Mason SBIRT recommends the following universal and secondary screening tools.

	Universal Screen	Secondary Screen
Alcohol	USAUDIT-C	USAUDIT
Tobacco	Single item assessing tobacco use	No Secondary Screen is given
Drugs	Four items assessing drug use	DAST-10
Depression	PHQ-2	PHQ-9

*Note: In the cases of alcohol, drugs, and depression, results of the universal screen are populated into the secondary screening questions so that redundant items are not asked twice. The scoring guide below provides direction on how to score these instruments.*

### Sample Screening Intro Script:

Before you see your provider, we have a few questions we would like you to answer regarding behaviors that could affect your health and wellness. Because we care about your health, we are asking all of our patients these questions on a routine basis and someone from your healthcare team will discuss your results with you during your visit. Your answers will become part of your medical record and therefore is protected the same way as the rest of your medical information.

## VA-SBIRT Screening Instrument Library

### Universal Screening Options

<b>Alcohol Universal Screen (USAUDIT-C)</b>	<b>Scoring system</b>						
	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>

Think about your drinking in the past year. A drink means one 12oz beer, one small glass of wine (5 oz.), or one mixed drink containing one shot (1.5 oz.) of spirits.

1. How often do you have a drink containing alcohol? (If 'never' skip next two questions)	Never	Less than monthly	Monthly	Weekly	2-3 times a week	4-6 times a week	Daily
2. How many drinks containing alcohol do you have on a typical day you are drinking?	1 drink	2 drinks	3 drinks	4 drinks	5-6 drinks	7-8 drinks	10 or more drinks
3. How often do you have X - <b>Men 65 and younger:</b> 5 or more drinks on one occasion? - <b>Men age 66+:</b> 4 or more drinks on one occasion? - <b>Women (all ages):</b> 4 or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	2-3 times a week	4-6 times a week	Daily

<b>Tobacco Universal Screen</b>	<b>Scoring system</b>				
	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
1. In the past month, how often have you used tobacco or any nicotine products (including cigarettes, e-cigarettes, juul, chewing tobacco, spliffs, moles, etc.)?	Never	1-2 times per month	Weekly	Almost daily	Daily

## VA-SBIRT Screening Instrument Library

<u>Drugs Universal Screen</u>	Scoring system				
	0	1	2	3	4
1. How often have you used marijuana/cannabis in the past year?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week
2. How often have you used prescription medications that were not prescribed to you in the past year?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week
3. How often have you taken your own prescription medication more than the way it was prescribed or for different reasons than its intended purpose in the past year?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week
4. How often have you used other drugs in the past year (for example, cocaine, street heroin, speed, club drugs, etc.)?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week

<u>Depression Universal Screen (PHQ-2)</u>	Scoring system			
	0	1	2	3

Over the past 2 weeks, how often have you been bothered by any of the following problems:

1. Little interest or pleasure in doing things	Not at all	Several days	More than half the days	Nearly everyday
2. Feeling down, depressed, or hopeless	Not at all	Several days	More than half the days	Nearly everyday

## VA-SBIRT Screening Instrument Library

### Calculating the Universal Screening Scores

The universal screening questions inform whether to proceed with administering the full screen (i.e., secondary screening).

Alcohol Universal Screen (USAUDIT-C)	Scoring system							Score
	0	1	2	3	4	5	6	

Think about your drinking in the past year. A drink means one 12 oz beer, one small glass of wine (5 oz.), or one mixed drink containing one shot (1.5 oz.) of spirits.

Score as if the patient is a 40 y.o. male

1. How often do you have a drink containing alcohol? <b>(If 'never' skip next two questions &amp; score all 3 items as 0)</b>	Never	Less than monthly	Monthly	Weekly	2-3 times a week	4-6 times a week	Daily	6
2. How many drinks containing alcohol do you have on a typical day you are drinking?	1 drink	2 drinks	3 drinks	4 drinks	5-6 drinks	7-8 drinks	10 or more drinks	1
3. How often do you have X - <b>Men 65 and younger:</b> 5 or more drinks on one occasion? - <b>Men age 66+:</b> 4 or more drinks on one occasion? - <b>Women (all ages):</b> 4 or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	2-3 times a week	4-6 times a week	Daily	2

**Scoring:** Total the scores for all items to obtain the Summed Score.

**Summed Score:** 9

In men ≤ age 65, a summed score of 8 or more is considered a positive screen.

In men > age 65 (i.e., 66+), a summed score of 7 or more is considered a positive screen.

In women ≤ age 65, a summed score of 7 or more is considered a positive screen.

In women > age 65 (i.e., 66+), a summed score of 7 or more is considered a positive screen.  
score of 3 or more is considered a positive screen.

**For a 40 y.o. male, a summed score of 9 is a positive screen.  
Proceed with alcohol secondary screen.**

Tobacco Universal Screen	Scoring system					Score
	0	1	2	3	4	
1. In the past month, how often have you used tobacco or any nicotine products (including cigarettes, e-cigarettes, juul, chewing tobacco, spliffs, moles, etc.)?	Never	1-2 times per month	Weekly	Almost daily	Daily	3

**Scoring:** A score of 1 or more is considered a positive screen,

**Score:** 3

**There is no secondary screen for tobacco. A positive screen signals the need for a BI.**

## VA-SBIRT Screening Instrument Library

<u>Drugs Universal Screen</u>	Scoring system					Score
	0	1	2	3	4	
1. How often have you used marijuana/cannabis in the past year?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	2
2. How often have you used prescription medications that were not prescribed to you in the past year?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	1
3. How often have you taken your own prescription medication more than the way it was prescribed or for different reasons than its intended purpose in the past year?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	0
4. How often have you used other drugs in the past year (for example, cocaine, street heroin, speed, club drugs, etc.)?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	1

**Scoring:** Total the scores for all items to obtain the Summed Score.

**Summed Score:** 4

A score of 1 or more is considered a positive screen.

Summed Score >1 recoded to Final Score = 1

These 4 items will replace the first item of the DAST-10, so if summed score is 1 or greater, calculate the final score as equal to 1

**Final Score:** 1

**Any endorsement of drug use is considered a positive screen. Proceed with drug secondary screen.**

<u>Depression Universal Screen</u>	Scoring system				Score
	0	1	2	3	

Over the past 2 weeks, how often have you been bothered by any of the following problems:

1. Little interest or pleasure in doing things	Not at all	Several days	More than half the days	Nearly everyday	1
2. Feeling down, depressed, or hopeless	Not at all	Several days	More than half the days	Nearly everyday	2

**Scoring:** Total the scores for all items to obtain the Summed Score.

**Summed Score:** 3

A score of 3 or more is considered a positive screen.

**A score of 3 or greater is a positive screen. Proceed with depression secondary screen.**



## VA-SBIRT Screening Instrument Library

### Secondary Screening Options

#### ALCOHOL: USAUDIT

<b>USAUDIT-C Universal Screen (Items 1-3)</b>	<b>Summed Score:</b>	
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Remaining Alcohol (USAUDIT) Questions	Scoring system						Score
	0	1	2	3	4	5	
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily		
5. How often during the past year have you failed to do what was expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily		
6. How often during the past year have you needed a drink first thing in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily		
7. How often during the past year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily		
8. How often during the past year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily		
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the past year		Yes, during the past year		
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking and suggested you cut down?	No		Yes, but not in the past year		Yes, during the past year		

**Scoring:** Total the score of the USAUDIT-C and remaining USAUDIT items.

**Total Score:** \_\_\_\_\_

Risk Classification	Men ≤ 65	Men > 65 (i.e., 66+) & Women all ages	Recommended Intervention
Low Risk	0-7	0-6	Reinforce healthy choices
Mild Risk	8-15	7-15	Brief Intervention
Moderate Risk	16-24	16-24	Brief Intervention + Referral for Brief Treatment
Severe Risk	25+	25+	Brief Intervention + Referral for Specialty Treatment

## VA-SBIRT Screening Instrument Library

### DRUGS: DAST-10

<b>Drugs Universal Screen (4 items)</b>	<b>Final Score:</b>	
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\*\*Note: Final score should either be a 0 or 1



Remaining Drugs (DAST) questions	Scoring system		Score
	No	Yes	
2. Do you use more than one drug at a time?	0	1	
3. Are you always able to stop using drugs when you want to?	1	0	
4. Have you had "blackouts" or "flashbacks" as a result of drug use?	0	1	
5. Do you ever feel bad or guilty about your drug use?	0	1	
6. Does your spouse (or parents) ever complain about your involvement with drugs?	0	1	
7. Have you neglected your family because of your use of drugs?	0	1	
8. Have you engaged in illegal activities in order to obtain drugs?	0	1	
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	0	1	
10. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding, etc.)?	0	1	

**Scoring:** Total the score of the Drugs Universal Screen final score and the remaining DAST items.

**Total Score:** \_\_\_\_\_

#### Risk Classification

0 No Risk  
1-2 Mild Risk  
3-5 Moderate Risk  
6+ Severe Risk

#### Recommended Intervention

Reinforce healthy choices  
Brief Intervention  
Brief Intervention + Referral for Brief Treatment  
Brief Intervention + Referral for Specialty Treatment

## VA-SBIRT Screening Instrument Library

### DEPRESSION: PHQ-9

<b>PHQ-2 Universal Screen (Items 1-2)</b>	<b>Summed Score:</b>	
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Remaining Depression (PHQ-9) Items	Scoring system				Score
	0	1	2	3	

Over the past 2 weeks, how often have you been bothered by any of the following problems:

3. Trouble falling asleep, staying asleep, or sleeping too much	Not at all	Several days	More than half the days	Nearly everyday	
4. Feeling tired or having little energy	Not at all	Several days	More than half the days	Nearly everyday	
5. Poor appetite or overeating	Not at all	Several days	More than half the days	Nearly everyday	
6. Feeling bad about yourself – or that you’re a failure or have let yourself or your family down	Not at all	Several days	More than half the days	Nearly everyday	
7. Trouble concentrating on things, such as reading the newspaper or watching television	Not at all	Several days	More than half the days	Nearly everyday	
8. Moving or speaking so slowly that other people could have noticed. Or, the opposite – being so fidgety or restless that you have been moving around a lot more than usual	Not at all	Several days	More than half the days	Nearly everyday	
9. Thoughts that you would be better off dead or of hurting yourself in some way	Not at all	Several days	More than half the days	Nearly everyday	

**Scoring:** Total the score of the PHQ-2 and remaining PHQ-9 items.

**Total Score:** \_\_\_\_\_

If you checked off any problems, how difficult have those problems made it for you to do your work, take care of things at home, or get along with other people?	Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
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#### Risk Classification

0-4	No/Minimal Risk
5-9	Mild Risk
10-14	Moderate Risk
15-19	Moderately/Severe Risk
20-27	Severe Risk

#### Recommended Intervention

None
Watchful waiting, repeat PHQ-9 at follow-up visit
Treatment plan, consider counseling, follow-up and/or pharmacotherapy
Active treatment with pharmacotherapy or psychotherapy
Immediate initiation of pharmacotherapy and, if severe impairment or poor response to therapy, expedited referral to a mental health specialist for psychotherapy and/or collaborative management

## VA-SBIRT Screening Instrument Library

### Full Screens

#### Alcohol Screening: USAUDIT

	Scoring system						
	0	1	2	3	4	5	6

Think about your drinking in the past year. A drink means one 12oz beer, one small glass of wine (5 oz.), or one mixed drink containing one shot (1.5 oz.) of spirits.

1. How often do you have a drink containing alcohol? (If 'never' skip remaining items)	Never	Less than monthly	Monthly	Weekly	2-3 times a week	4-6 times a week	Daily
2. How many drinks containing alcohol do you have on a typical day you are drinking?	1 drink	2 drinks	3 drinks	4 drinks	5-6 drinks	7-8 drinks	10 or more drinks
3. How often do you have X - <b>Men &lt; age 65:</b> 5 or more drinks on one occasion? - <b>Men ≥ age 65:</b> 4 or more drinks on one occasion? - <b>Women (all ages):</b> 4 or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	2-3 times a week	4-6 times a week	Daily
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily		
5. How often during the past year have you failed to do what was expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily		
6. How often during the past year have you needed a drink first thing in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily		
7. How often during the past year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily		
8. How often during the past year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily		
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the past year		Yes, during the past year		
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking and suggested you cut down?	No		Yes, but not in the past year		Yes, during the past year		

## VA-SBIRT Screening Instrument Library

### Drug Screening: DAST-10

The following questions concern information about your possible involvement with drugs (not including alcoholic beverages) during the past 12 months. "Use" refers to (1) the use of prescribed or over-the-counter drugs in excess of the directions/prescription, and (2) any nonmedical use of drugs.

The various classes of drugs may include cannabis (marijuana, hashish), solvents (e.g., paint thinner), tranquilizers (e.g., Valium), barbiturates, cocaine, stimulants (e.g., speed), hallucinogens (e.g., LSD), or narcotics (e.g., heroin). Remember that the questions do not include alcoholic beverages.

	Scoring system	
	No	Yes
In the past 12 months...		
1. Have you used drugs other than those required for medical reasons?		
2. Do you use more than one drug at a time?	0	1
3. Are you always able to stop using drugs when you want to?	1	0
4. Have you had "blackouts" or "flashbacks" as a result of drug use?	0	1
5. Do you ever feel bad or guilty about your drug use?	0	1
6. Does your spouse (or parents) ever complain about your involvement with drugs?	0	1
7. Have you neglected your family because of your use of drugs?	0	1
8. Have you engaged in illegal activities in order to obtain drugs?	0	1
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	0	1
10. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding, etc.)?	0	1

## VA-SBIRT Screening Instrument Library

### Depression Screening: PHQ-9

<u>Depression Universal Screen</u>	Scoring system			
	0	1	2	3

Over the past 2 weeks, how often have you been bothered by any of the following problems:

1. Little interest or pleasure in doing things	Not at all	Several days	More than half the days	Nearly everyday
2. Feeling down, depressed, or hopeless	Not at all	Several days	More than half the days	Nearly everyday
3. Trouble falling asleep, staying asleep, or sleeping too much	Not at all	Several days	More than half the days	Nearly everyday
4. Feeling tired or having little energy	Not at all	Several days	More than half the days	Nearly everyday
5. Poor appetite or overeating	Not at all	Several days	More than half the days	Nearly everyday
6. Feeling bad about yourself – or that you’re a failure or have let yourself or your family down	Not at all	Several days	More than half the days	Nearly everyday
7. Trouble concentrating on things, such as reading the newspaper or watching television	Not at all	Several days	More than half the days	Nearly everyday
8. Moving or speaking so slowly that other people could have noticed. Or, the opposite – being so fidgety or restless that you have been moving around a lot more than usual	Not at all	Several days	More than half the days	Nearly everyday
9. Thoughts that you would be better off dead or of hurting yourself in some way	Not at all	Several days	More than half the days	Nearly everyday

**Total:**

If you checked off any problems, how difficult have those problems made it for you to do your work, take care of things at home, or get along with other people?	Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
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